June 7, 2019

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: **Comment on Recommendations of the NANC report regarding implementation of the National Suicide Hotline Improvement Act**, WC Docket No. 18-336, CC Docket No. 92-105

Dear Madam Secretary:

Vibrant Emotional Health ("Vibrant") appreciates the opportunity to comment on the recommendations of the North American Numbering Council ("NANC"), filed with the Federal Communications Commission ("FCC") on May 13, 2019. As noted in our previous post on December 10, 2018, Vibrant Emotional Health, formerly known as The Mental Health Association of New York City, Inc., has for the past half-century been at the forefront of promoting emotional well-being. In addition to running innovative community programs, we run state-of-the-art crisis lines like the National Suicide Prevention Lifeline ("Lifeline"), NYC Well, the Disaster Distress Helpline, the NFL Life Line, and we have collaborated with the Veterans Administration ("VA") on the

administration of the Veterans Crisis Line since it was launched in 2007. Through these far reaching national behavioral health helpline services, our organization has operated on the front lines of a public health crisis for decades. We know that current suicide rates in this country have increased by 30% since 2000, and are a leading cause of death. Additionally, approximately one in five persons in the US, over the age of 12, have a mental health disorder. Through the more than 2.5 million people our programs serve each year, we have also seen every day how promoting access to mental health and crisis care can both change and save lives. For these reasons, we believe that the time for bold, comprehensive, and dedicated actions to address this public health crisis is now.

Vibrant disagrees with the primary recommendation in the NANC report—*that the critical needs of millions of American residents could be managed through an extended/shared use of the community information and referral 211 number*—because it fails to effectively address the public health interests underlying the intent of the National Suicide Hotline Improvement Act. In response to the NANC report, Vibrant offers the following clarifications that serve to reinforce our previous recommendations shared with the Commission last December.

I. The Need for a 3-Digit Number for Mental Health and Suicidal Crises is Indisputable

The US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration ("SAMHSA") report to the FCC and approximately 95% of the 1080 public comments posted on the FCC site beginning in December 2018, support the establishment of a 3-digit number for mental health and suicidal crises. Neither the VA or NANC reports to the FCC dispute the need for a 3-digit number assigned for this purpose, largely deferring on this issue.

SAMHSA's recommendation of a "911 for the brain" was driven by the following conclusions about the establishment of a 3-digit number for mental health and suicidal crises, as suggested in their report (pp.12, 17):

- A 3-digit code would be easy to remember ("cognitive access") and dial in a time of crisis;
- Because it would be easier to recall and dial, a 3-digit code would be more effective than 800-273-8255 in significantly promoting reach and access to help for many more persons in mental health and suicidal crisis;
- Because evaluations demonstrate that calls to the Lifeline centers significantly reduce emotional distress and suicidality in callers, there is reason to believe that greater access to such assistance

through a 3-digit number could have a positive impact on public health and safety; and

- A 3-digit code could potentially "be a critical catalyst in the transformation of the nation's psychiatric emergency and crisis system in the same way that the establishment of 911 has led to an ongoing transformation of the nation's emergency medical system."

3-Digit calling enhances overall public safety, as well as public health. As the SAMHSA report, Vibrant, and several other stakeholders have previously submitted to the FCC, *a 3-digit code for mental health and suicidal crises could reduce the burden on local 911, crisis and emergency systems, thereby freeing up lifesaving and crime-fighting resources for more appropriate use.* Specifically, SAMHSA stated in their report:

> *"Though contacting 911 to dispatch police or ambulance may be necessary in some circumstances where there is high imminent risk of suicide, many calls related to suicidal ideation are able to be addressed with talk alone and without the dispatch of a first responder." (p.16)*

A recent 2018 survey of Lifeline network centers supported this statement, noting that only about 2% of all Lifeline calls responded to annually required rescue services be engaged, even though about 25% of all Lifeline callers present with suicide-related issues.

There is FCC precedent for observing the importance of this public health and safety benefit for assigning two N11 numbers, 211 and 311. As noted in FCC 00-256 issued on July 21, 2000:

> *"For example, in the N11 First Report and Order, the Commission found that assignment of 311 would reduce congestion on the national dialing code for emergency services, 911, thereby ensuring that 911 circuits were not overburdened with non-emergency calls." (p.7)*
>
> *"We also believe that 211 service for access to community information and referral services will provide a useful adjunct to 911 service by further reducing calls to 911 that do not require immediate dispatch of police, fire, or medical personnel." (p.14)*

Importantly, neither 211 or 311 were designated as "crisis numbers" by the FCC. It is reasonable to assume that a 3-digit number designated specifically for mental health and suicidal crises would divert significantly more of such calls away from 911.

There is great potential for this public health and safety asset to be accrued with the implementation of a national 3-digit number for mental health and suicidal crises. Although national data on mental health and suicide-related calls to 911 are not available at this time, published data from New York City indicates that the related burdens on 911 and emergency services are significant. As noted in this recent report appearing in New York Magazine (GB Smith, 3/21/19):

- Mental health and suicide related ("EDP") calls in NYC have nearly doubled in past 10 years, from 97,000 in 2009 to 180,000 in 2018.
- Over 44% are not transported to emergency departments, thereby wasting valuable 911 and law enforcement time and resources;
- Of the 56% remaining who were transported, the great majority are discharged from emergency departments, suggesting that the use of these vital emergency department and first responder resources were often inappropriate for most of these individuals experiencing mental health crises;
- Many of these "EDP" calls end up inappropriately in jail (16%) for low-level non-violent crimes, where treatment for their mental health problems is scarce and abuse is common.

Many of these burdens on emergency department and law enforcement resources could be avoided through calls to a different 3-digit Lifeline-affiliated number, where most callers in mental health and/or suicidal crisis would be effectively de-escalated over the phone. These burdens only scratch the surface of the experience of the persons in need of appropriate crisis-related help, who instead experience invasive encounters with police, jail time, and long waits in emergency departments. In a great number of these instances, callers and consumer advisors have described these experiences to us in a variety of ways, ranging from humiliating, discriminating, traumatizing and/or life threatening. Consequently, these

broad-scale incidences of unwanted and inappropriate crisis and emergency encounters can have a degrading, alienating effect on both the officials providing the help as well as discouraging the future help-seeking practices of these emergency service recipients.

As a result of such concerns, New York City's Police Department is working with Vibrant to explore more efficient ways of diverting mental health-related 911 calls to NYC Well, the Vibrant-operated local Lifeline-member crisis call center. Such local efforts are rare, isolated, and independent of each other. With the establishment of a 3-digit number for mental health and suicidal crises, a national system would be more efficient and effective.

II. Suicide is a public health crisis and mental health crises are pervasive enough to disrupt the lives of individuals, families and communities to warrant the assignment of a three-digit number that is separate and distinct from either an N11 number for medical emergencies (911) or an N11 number for basic community information and referral needs (211).

A separate 3-digit number could reduce the stigma that is a primary barrier to persons seeking and receiving adequate mental health care. In releasing the first-ever U.S. Surgeon General report on mental health in 2000, Dr. David Satcher stated that the foremost barrier in the widespread

reluctance to seek mental health care was "the stigma that many in our society attach to mental illness and to people who have a mental illness."

In relation to how a 3-digit number might impact stigma nationally, SAMHSA stated in their report that

> *"…availability of an N11 for mental health and suicide prevention could be a transformative step forward in the improvement of crisis systems in America. While an N11 number alone would not achieve such a transformation, the combination of the N11 number and the message that mental health and suicidal crises are of equivalent importance to medical emergencies would, over time, bring needed parity and could result in additional attention and resources to improve typical local psychiatric crisis services throughout our nation." (p.13)*

This view expressed by SAMHSA relating a 3-digit number to parity and stigma was pointedly echoed in a post on the FCC site by a 19 year old young woman with a history of anxiety and depression:

> *"I believe that assigning a 3 digit number for mental health and suicidal crises will do more than anything else to erase the stigma against mental illness that denigrates, isolates and debilitates millions every year....We have a 3 digit number for medical emergencies. If we had a 3 digit number for psychological emergencies, everyone would know that these emergencies are* ***real****. And these emergencies require a different type of skilled response, certainly different than a cop or ambulance showing up at your doorstep. This kind of response requires a caring person's voice, trained to listen, understand and help. (Comment by Delilah Draper, 3/15/2019)*

There is no reason to believe that equating a 3-digit number like 211 for community information and referral with mental health and suicidal crises would have the same effect of elevating and validating the importance of

mental health and suicidal crises in the lives of American individuals, families and communities. Arguably, if such a shared purpose with 211 were to come to fruition, it could appear as diminishing the singular importance of this issue in the lives of Americans, fueling perceptions that stigma against mental health problems has become further institutionalized in our culture.

In this light, it is worth reviewing what purposes other N11 numbers have been assigned for. There are several N11 numbers utilized for public service needs that include assistance related to information and/or referral (211, 311, 411, 511, 811), and one (611) that is used for private, local and commercial purposes by the Telecom industry. Regarding the use of 611, the FCC stated in a 1997 report (FCC 91-51, p.28):

> "Some LECs currently use 611 and 811 to facilitate repairs and other customer services. Use of these two codes, however, appears to be far less ubiquitous than use of 411 for directory assistance and 911 for emergency services….Because the record does not support reassignment of either of these N11 codes, we conclude that these two codes may continue to be used for their present purposes until one or both of them is needed for other national purposes."

In 2002, the Pipeline Safety Improvement Act prompted the assignment of 811 for national purposes (for property owners to identify potential utilities-related excavation hazards). 611 is still utilized for private industry purposes, as opposed to national public interests.

The remaining two N11s include one specifically for persons with physical disabilities (711 for hearing/speech disabilities) and one for medical/public safety emergencies (911). Mental health and suicidal crises are neither primarily a medical crisis nor a basic need for information and referral. The FCC has historically noted "Moreover, people with mental or physical limitations would benefit from the use of a three-digit nationwide number, rather than having to dial various and different seven or ten digits to get access to help." (FCC 00-256, July 31, 2000, p. 13) However, only the 711 number was designated exclusively for persons with physical disabilities. Why is there not an N11 service for persons whose acute or chronic mental state may affect his/her capability to dial or recall a number? Along these lines, SAMHSA argued in the February 2019 report to the FCC:

> *"Cognitive access during a time of crisis is critical and impacted by the complexity of the information needed to be remembered. If a family member experiences severe chest pains in the company of another family member, both the patient and the family member, despite their heightened anxiety, would remember the number 911, while the concern is that many suicidal people or their family members at a similar moment of suicidal crisis might not remember l-800-273-8255 (TALK)."*

The FCC has a precedent in determining that certain functions seemingly shared by a currently operating N11 are sufficiently distinct and critical enough to warrant a separate N11 designation. The FCC ruled in 2000 that 211 required a separate assignment from 311, as the public interest in basic community information and referral needs should be

separate from the city-services expressly provided through the already assigned 311 information and referral number. In that ruling, they noted that a public interest in intervening with mental health and suicidal crises is vital. This purpose, Vibrant argues, should now be seen as a distinct enough from 211's community resource information and referral needs to merit its own number, just as United Way successfully argued for 211 that community information and referral needs are distinct from city-services information and referral (311). The fact noted by NANC that both 211 and 911 systems receive a significant number of mental health and suicidal crisis calls does not mean that the public interest is best served by either or both continuing to exclusively receive such calls. In fact, the number of these calls on these lines coupled with the rising number of Lifeline calls each year suggests that there is a distinct public interest in a number that can specifically aid access to help for mental health and suicidal crises.

The public interest in a 3-digit number and system is also observed in the ratio of public comments posted on this subject on the FCC site in December 2018. Of the 1080 comments during that posting period, 70% of the posts were in favor of 611 or another 3-digit number other than 211 or 911.

III. Extending/sharing the use of 211 to include mental health and suicidal crises would create confusion and inefficiencies that could be counterproductive to public health and safety needs.

SAMHSA's report to the FCC provided a clear statement of concern about the confusion that the shared use of 211 for mental health and suicidal crises would create for the public:

> *"However, not all 211 centers have crisis capacity and the number 211 is associated with information and referral, which valuable, does not communicate that this number is a number that suicidal people or their families can call at any time of the day or night for immediate crisis intervention. In other words, the numbers 211 do not communicate a crisis or emergency service in the way that 911 does. In addition, using 211 as the national suicide prevention number would involve combining different functions, one urgent or emergent, and the other not. A crisis number needs to have unique characteristics, including availability 24 hours a day, seven days a week, 365 days a year. In addition, calling the number should result in rapid response and the number should be widely recognized as a crisis number, these are not typically characteristics associated as a 211 number."*

Historically, there is FCC precedent for denying proposals in past regulatory proceedings to expand or share use of a currently designated 3-digit number, "since expanded or shared use has been considered to cause caller confusion and reduce the effectiveness of the designation" (as quoted in the NANC report to the FCC, p. 6; and p.11 FCC 05-59, March 31, 2005).

Further, "mixing functions" of these two priorities—efficient assistance for community information/referral and/or mental health/suicidal crisis—would be counterproductive to callers and providers. The purpose of 3-digit dialing code is to promote rapid, easy access, for both crisis calls and presumably, community information and referral calls. The NANC report recommends that an interactive voice response system ("IVR") be

established for the shared use of 211, with crisis calls being presented first in the greeting to the caller. Specifically, they suggest that the Veterans Crisis Line ("VCL") be presented as "Option 1", as Congressional legislation requires this for the current Lifeline toll-free number (p.8). This would cause confusion and inefficiencies because:

- A shared 211 IVR would present the VCL crisis option first—before the much greater majority of non-veterans in suicidal or mental health crisis ("press 2?")—would likely lead to more non-veterans in crisis accessing the VCL by pressing 1.
- This IVR order would provide a confusing, potentially harmful message to the non-veteran in crisis regarding the "importance of his/her suicidal crisis ('Press 2?')," relative to a veteran's mental/suicidal crisis ("Press 1").
- While putting the crisis options first on the IVR greeting is essential, it may confuse (and alienate) callers seeking service for community information and referral.

This latter concern about "primary crisis needs" alienating information and referral callers was stated by SAMHSA in their report to the FCC. SAMHSA cited the example in which the National Suicide Prevention Lifeline number was publicized in 2005 for victims of the Hurricanes Katrina and Rita who were suffering mental health problems. SAMHSA and the Lifeline

received complaints from the public that this "shared purpose" of a suicide prevention number was inappropriate for persons affected by disasters. This led SAMHSA to establish the separate Disaster Distress Helpline in 2011, a national service apart from the Lifeline also administered by Vibrant.

A shared use of the 211 number would also be counterproductive to the community information and referral needs that the FCC and many Americans believe are essential. Currently, 75% of 211 centers do not specialize in crisis care and/or suicide prevention; rather, they interpret the mission of 211 as it was intended in 2000 as a "non-crisis/emergency" community information and referral service. The NANC filing also cited data from United Way that 211 is largely meeting the need it was assigned for, with approximately 93% of their 14.4 million annual talk/text/chat contacts providing information and referrals that *are not* related to suicide, mental health or addiction services (p.7). However, a shared use of 211 with mental health and suicidal crises would be sure to overwhelm community information and referral calls. As NANC argued in their report's recommendation against repurposing 911, "Such call volume would clearly inhibit the ability of call takers and dispatchers to focus on their core mission of providing emergency services." (p.19)

If 211 was extended in the manner proposed by NANC, its newly shared mental health/suicide assistance purpose would be widely messaged

to the public in ways that would likely obscure its originally assigned purpose. Given the gravity of the public health crisis this action proposes to address, the number's use for suicide prevention (in particular) would have to take priority in public messaging. In recognition of the priority that mental health and suicidal crises would have in a shared 211 service, NANC proposed that "an IVR system should be implemented to place priority on emergencies and those in suicidal crisis, and then options to reach other non-critical referral services." (p.9)

Related to this IVR issue, the NANC report acknowledged a disadvantage to a shared use of 211, in that "A caller in crisis may have less timely access to an experienced counselor that can assist him as the initial call taker assesses the situation, as the caller would likely be required to navigate through an interactive voice response system (IVR)."

In turn, NANC shared results from a United Way survey of 211 centers about their perceived impact of an IVR on crisis callers, where center responses suggested no known barriers that their IVR creates for such callers. However, less than 25% of all 211 centers responded, and most of those responding were Lifeline member 211 centers. The survey was not seeking input from crisis callers themselves, only from 211 centers taking crisis calls. Naturally, the callers that blended 211 crisis centers responded to were callers that managed to get through their IVR systems; they are

consequently not aware of the impact of the IVR on those that abandoned the call. Equally if not more important is that fact that the overwhelming majority of 211 centers that did not respond to the survey are not blended crisis centers. These are the centers who would most likely be in a position to know how an IVR might have a negative impact on both them and callers, as receiving unwanted calls from persons in mental health and suicidal crisis would create problems for both the caller and the responder in this system.

It is presumed that there would be greater incidences of crisis calls going to less-trained information and referral staff, which would certainly happen more often if the 211 and Lifeline systems became blended.

While Vibrant can only support the establishment of a separate 3-digit (N11) number for mental health and suicidal crises, we reiterate our prior recommendation that public health authorities at all levels work together to deliver the resources required to implement and sustain this new 3-digit system nationwide. Collaboration with 211, 911, SAMHSA, HHS, the VA, telephone carriers, public mental health directors and many others will be essential in any and all implementation strategies. Infrastructure enhancements to support efficient and effective system services, as outlined in the SAMHSA report and Vibrant's December submission to the FCC, are essential.

We greatly appreciate the FCC's efforts in establishing this proceeding to consider our comments on the NANC report. We believe that this is a milestone moment for eliminating the stigma that Dr. Satcher has indicated is the primary barrier to seeking and getting help for mental health and suicide-related problems in this country. As an organization that has dedicated decades of services, public education, and advocacy on behalf of persons with mental health and suicidal crises, Vibrant embraces this opportunity for establishing a separate and distinct 3-digit number as one that embodies our mission to promote mental health and wellness for everyone. We look forward to the FCC's completed report, towards the launch of a program that will serve to further the goals that Congress set out in its passage of the National Suicide Hotline Prevention Act.

Respectfully Submitted,

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